TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
James S. Garrison, M.D.

Respondent Name
WC Solutions

MFDR Tracking Number
M4-16-3376-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
July 8, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that an office consultation/examination was performed and documented as part of this date of service and should not be bundled or compounded per the CPT Codes as applied to this date of service. Additionally, as you can see from the attached report an examination was performed and documented as a Detailed Examination component and billed as 99204."

Amount in Dispute: $255.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "There is no documentation that an evaluation or consult was requested by the designated doctor. The designated doctor examination provides the components necessary for evaluation and management. As such, a separate charge for an evaluation exceeds the designated doctor referral."

Response Submitted by: Starr Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 18, 2015	Evaluation & Management, new patient (99204)	$255.66	$0.00
November 18, 2015	Needle Electromyography (95886)	$0.00	$0.00
November 18, 2015	Nerve Conduction Studies, 5-6 studies (95911)	$0.00	$0.00
November 18, 2015	Electrodes (A4556)	$0.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §127.10 sets out the procedures for designated doctors.
3. 28 Texas Administrative Code §180.22 defines health care provider roles and responsibilities.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 165 – Payment denied/reduced for absence of, or exceeded referral.
   - Comments: "165 – An office visit exceeds the referral. The designated doctor referred the patient for EMG/NCV only."
   - W3 – Additional reimbursement made on reconsideration.
   - 193 – Original payment decision is being maintained. This claim was processed properly the first time.
   - Comments: "W3/193 – Per rule 134.804, W3 is to be used when a payment is made following a request for reconsideration. The service adjustment amount associated with this code may be zero. Original payment decision is being maintained."

Issues

1. What are the services in dispute?
2. Is the insurance carrier's reason for denial of payment supported?

Findings

1. James Garrison, M.D. included the following procedure codes on the Medical Fee Dispute Resolution Request (DWC060): 99204, 95886, 95911, and A4556. Dr. Garrison is seeking $0.00 for procedure codes 95886, 95911, and A4556. Therefore, these codes will not be considered. Procedure code 99204 is the service considered in this dispute.

2. WC Solutions denied disputed service with claim adjustment reason code 165 – "Payment denied/reduced for absence of, or exceeded referral," with additional comments – "An office visit exceeds the referral. The designated doctor referred the patient for EMG/NCV only." 28 Texas Administrative Code §127.10 gives authority to the designated doctor to refer an injured employee for additional "testing or referral required."

   28 Texas Administrative Code §180.22(d) defines a consulting doctor as "a doctor who examines an injured employee or the injured employee's medical record in response to a request from the treating doctor, the designated doctor, or the division." A consulting doctor is directed to "(1) perform unbiased evaluations of the injured employee as **directed by the requestor** [emphasis added]…" Therefore, the authority of the examining doctor is restricted to the terms of the referral by the requestor, in this case, the designated doctor.

   Review of the submitted narrative finds that Dr. Garrison stated that the examinee "was referred for Electromyography Testing (EMG/NCV)." Available documentation does not support that the referral included an evaluation in addition to the electromyography testing. WC Solutions' denial reason is supported. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	December 2, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.